



AFFIDAVIT OF COMPLETION OF ONE HUNDRED (100) HOURS OF MANICURING INSTRUCTION

State Form 51770 (12-04)

Indiana Professional Licensing Agency
302 W. Washington St., Rm. E034
Indianapolis, IN 46204-2700
Telephone: (317) 234-3031

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1. It is mandatory that it be given. Social Security numbers are made available to the Indiana Department of Revenue.

AFFIDAVIT

Pursuant to 820 IAC 2-2-7 of the rules of the State Board of Cosmetology Examiners, this is to certify that :

| | |
|-----------------|----------------------------------|
| Name of student | Student Social Security number * |
|-----------------|----------------------------------|

has satisfactory completed an additional one hundred (100) hours of instruction in the theory and practice of manicuring at:

| |
|----------------|
| Name of school |
|----------------|

Address (number and street, city, state, ZIP code)

| | | |
|-----------------------|----------------------------------|-----------------------------------|
| School license number | Date enrolled (month, day, year) | Date completed (month, day, year) |
|-----------------------|----------------------------------|-----------------------------------|

| | |
|------------------------------|--------------------------------|
| Signature of school official | Date signed (month, day, year) |
|------------------------------|--------------------------------|

I herby certify and declare that the above stated certification of training to be correct and accurate record of the student enrolled at the school of cosmetology named below, and meets the requirement of the State Board of Cosmetology Examiners.

| | |
|-----------------|------------------------------|
| Name of student | Signature of school official |
|-----------------|------------------------------|

| | |
|----------------------------|---------------------------------|
| Name of cosmetology school | Printed name of school official |
|----------------------------|---------------------------------|

STATE OF INDIANA

COUNTY _____

} SS:

Subscribed and sworn before me on this _____ day of _____, 20 _____ .

NOTARY CERTIFICATE

| | |
|-------------------------------|------------------------|
| Signature of Notary Public | NOTARY SEAL |
| Printed name of Notary Public | |
| Notary county of residence | |
| Notary commission expires | |